

A FDID <u>95741</u> <input checked="" type="checkbox"/> State <u>TN</u> <input checked="" type="checkbox"/> Incident Date MM <u>11</u> DD <u>22</u> YYYY <u>2018</u> Station <u>1</u> Incident Number <u>0002925</u> Exposure <u>000</u> <input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> No Activity NFIRS-1 Basic			
B Location Type <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires. Census Tract _____ <input checked="" type="checkbox"/> Street address <u>1210</u> <u>SPARTA</u> _____ <input type="checkbox"/> Intersection Number/Milepost Prefix Street or Highway Street Type Suffix <input type="checkbox"/> In front of _____ <input type="checkbox"/> Rear of _____ <input type="checkbox"/> Adjacent to Apt./Suite/Room City State ZIP Code <input type="checkbox"/> Directions _____ <input type="checkbox"/> U.S. National Grid _____ <small>Cross Street, Directions or National Grid, as applicable</small>			
C Incident Type <input checked="" type="checkbox"/> <u>132</u> <u>Road freight or transp...</u> <small>Incident Type</small> D Aid Given or Received <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input checked="" type="checkbox"/> Mutual aid given <u>95313</u> <u>TN</u> 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given <small>Their FDID Their State</small> <small>Their Incident Number</small>	E1 Dates and Times Midnight is 0000 Check boxes if dates are the same as Alarm Date. Alarm <input checked="" type="checkbox"/> Month <u>11</u> Day <u>22</u> Year <u>2018</u> Hour <u>22</u> Min <u>16</u> <small>ALARM always required</small> <input checked="" type="checkbox"/> Arrival <input checked="" type="checkbox"/> ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Controlled <input type="checkbox"/> CONTROLLED optional, except for wildland fires <input type="checkbox"/> Last Unit Cleared <input type="checkbox"/> LAST UNIT CLEARED, required except for wildland fires Year <u>2018</u> Hour <u>02</u> Min <u>02</u>	E2 Shifts and Alarms Local Option <input checked="" type="checkbox"/> Shift or Platoon <u>2</u> <u>21</u> <small>Alarms District</small> E3 Special Studies Local Option Special Study ID# _____ Special Study Value _____	
F Actions Taken <input checked="" type="checkbox"/> Extinguishment by <u>11</u> <u>fire service personnel</u> <small>Primary Action Taken (1)</small> <u>41</u> <u>hazardous materials</u> <small>Additional Action Taken (2)</small> <u>76</u> <u>Provide water</u> <small>Additional Action Taken (3)</small>	G1 Resources <input checked="" type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus _____ Personnel _____ Suppression _____ EMS _____ Other _____ <input type="checkbox"/> Check box if resource counts include aid received resources.	G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ <u>000</u> , <u>100</u> , <u>000</u> <input type="checkbox"/> Contents \$ <u>000</u> , <u>005</u> , <u>000</u> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ _____, _____, _____ <input type="checkbox"/> Contents \$ _____, _____, _____ <input type="checkbox"/>	
Completed Modules <input checked="" type="checkbox"/> Fire-2 <input type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-5 <input type="checkbox"/> EMS-6 <input checked="" type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11	H1 Casualties <input checked="" type="checkbox"/> None Deaths Injuries Fire _____ Service _____ Civilian _____ H2 Detector <small>Required for confined fires.</small> <input type="checkbox"/> Detector alerted occupants <input type="checkbox"/> Detector did not alert them <input type="checkbox"/> Unknown	H3 Hazardous Materials Release <input type="checkbox"/> None 1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21-lb tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input checked="" type="checkbox"/> Other: special HazMat actions required or spill > 55 gal <small>(Please complete the HazMat form.)</small>	I Mixed Use Property <input type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use
J Property Use <input type="checkbox"/> None Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field	341 <input type="checkbox"/> Clinic, clinic-type infirmary 342 <input type="checkbox"/> Doctor/Dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/Boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/Barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/Cared for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right-of-way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/Divided highway 962 <input type="checkbox"/> Residential street/driveway	539 <input type="checkbox"/> Household goods, sales, repairs 571 <input checked="" type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/Science laboratory 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/Poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Look up and enter a Property Use code and description only if you have NOT checked a Property Use box. ➡ Property Use _____ Code _____ Property Use Description _____	

K1 Person/Entity Involved

Local Option

JL EXPRESS

Business Name (if applicable)

615

Area Code

894

Phone Number

3729

☐ Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.

MR

Mr., Ms., Mrs.

EVERETT

First Name

MI

MI

WILLIAMS

Last Name

Suffix

29

Number

BR

Prefix

BROOKEBURY

Street or Highway

DR

Street Type

Suffix

**2-D**

Post Office Box

2-D

Apt./Suite/Room

BALTIMORE

City

MD

State

21136

ZIP Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

Local Option

☐ Same as person involved? Then check this box and skip the rest of this block.

JL EXPRESS

Business Name (if applicable)

954

Area Code

443

Phone Number

5422

☐ Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.

MR

Mr., Ms., Mrs.

ROHAN

First Name

MI

MI

LEWIS

Last Name

Suffix

2257

Number

SW

Prefix

126

Street or Highway

Street Type

Suffix

**MIRAMAR**

Post Office Box

MIRAMAR

Apt./Suite/Room

MIRAMAR

City

FL

State

33027

ZIP Code

L

Remarks:

LEE BOWLING**November 25, 2018 15:29:17**

LFD ARRIVED ON SCENE WITH TWO ENGINES. THEY IMMEDIATELY STARTED TO ATTACK THE FIRE. WHEN M-11 ARRIVED, LFD REQUESTED THAT WE DISPATCH ANOTHER ENGINE FOR WATER SUPPLY. WHEN I ARRIVED, PARAMEDIC KINSER WAS NOTIFYING WEMA DISPATCH OF THAT TRAFFIC. E-11 ARRIVED AND ASSISTED WITH WATER.

I STARTED LOOKING FOR CHIEF BAIRD OR SC COTHERN TO SEE WHAT IT WAS THAT WE WERE DEALING WITH. I DID NOTICE, THAT THERE WERE NO PLACARDS ON THE TRAILER ITSELF. WHEN I FOUND THEM, THEY DIRECTED ME TO THE DRIVER OF THE TRUCK. THE DRIVER SHOWED ME HIS EMAIL, WHERE HE WENT TO PICK THE LOAD UP AND WHAT HE WAS CARRING. THE PRODUCT WAS SANTICIZER 278-HE STATED THAT THIS WAS MIXED WITH PAINT. AEMT/FF JONES AND MYSELF STARTED RESEARCHING THE PRODUCT VIA THE INTERNET AND THE ERG. THE ERG WAS BLANK AND THE SEARCH OF THE INTERNET BROUGHT UP MAY THINGS. SO, I CALLED CHEMTREC AND SPOKE WITH PHILLIP BLASHFORD.

MR. BLASHFORD ASSISTED ME WITH LOCATING THE PRODUCT AND THE MANUFACTURE'S NAME. HE THEN EMAILED ME AN SDS SHEET ON THE PRODUCT. AFTER OUR CONVERSATION, I STARTED REVIEWING THE SDS SHEET. WHILE I WAS DOING THIS, CHIEF BAIRD AND SC COTHERN WALKED OVER TO

☒ More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

M Authorization

Check box if same as Officer in charge. ☒

0329

Officer in charge ID

0329

Signature

700

Position or rank

11

Assignment

22

Month

2018

Day

2018

Year

0329

Member making report ID

0329

Signature

700

Position or rank

11

Assignment

22

Month

2018

Day

2018

Year

A	FDID 95741 ★	State TN ★	Incident Date MM 11 DD 22 YYYY 2018 ★	Station	Incident Number 0002925 ★	Exposure 000 ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-1S Supplemental
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K1	Person/Entity Involved	Business Name (if applicable)	Area Code	Phone Number
Local Option				
<input type="checkbox"/> Check this box if same address as incident location. Then skip these three duplicate address lines.				
<div style="display: flex; justify-content: space-between;"> <div>Mr., Ms., Mrs.</div> <div>First Name</div> <div>MI</div> <div>Last Name</div> <div>Suffix</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div>Number</div> <div>Prefix</div> <div>Street or Highway</div> <div>Street Type</div> <div>Suffix</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div>Post Office Box</div> <div>Apt./Suite/Room</div> <div>City</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div>State</div> <div>ZIP Code</div> <div>-</div> <div></div> </div>				

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<div style="display: flex; justify-content: space-between;"> <div>State</div> <div>ZIP Code</div> <div>-</div> <div></div> </div>				

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<div style="display: flex; justify-content: space-between;"> <div>Mr., Ms., Mrs.</div> <div>First Name</div> <div>MI</div> <div>Last Name</div> <div>Suffix</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div>Number</div> <div>Prefix</div> <div>Street or Highway</div> <div>Street Type</div> <div>Suffix</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div>Post Office Box</div> <div>Apt./Suite/Room</div> <div>City</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div>State</div> <div>ZIP Code</div> <div>-</div> <div></div> </div>				

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Local Option				
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<div style="display: flex; justify-content: space-between;"> <div>Mr., Ms., Mrs.</div> <div>First Name</div> <div>MI</div> <div>Last Name</div> <div>Suffix</div> </div>				
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<div style="display: flex; justify-content: space-between;"> <div>State</div> <div>ZIP Code</div> <div>-</div> <div></div> </div>				

E3**Supplemental Special Studies**

Local Option

**NFIRS-1S
Supplemental**

1	<input type="text"/>	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	3	<input type="text"/>	<input type="text"/>	4	<input type="text"/>	<input type="text"/>
	Special Study ID#	Special Study Value		Special Study ID#	Special Study Value		Special Study ID#	Special Study Value		Special Study ID#	Special Study Value
5	<input type="text"/>	<input type="text"/>	6	<input type="text"/>	<input type="text"/>	7	<input type="text"/>	<input type="text"/>	8	<input type="text"/>	<input type="text"/>
	Special Study ID#	Special Study Value		Special Study ID#	Special Study Value		Special Study ID#	Special Study Value		Special Study ID#	Special Study Value

L**Remarks:**

Local Option

SEE WHAT WE FOUND. I RAN THROUGHT IT QUICKLY AND DID NOT FIND ANYTHING PERTINENT TO THIS PARTICULAR SITUATION, ESPECIALLY SINCE LFD HAD THE FIRE OUT.

I HAD PARAMEDIC KINSER SPEAK TO THE DRIVER AND TOLD HIM TO SEE IF THE TRUCKING COMPANY ALREADY HAD A CONTRACT WITH AN ENVIROMENTAL CLEAN-UP COMPANY. PARAMEDIC KINSER DID SO AND CAME BACK TO ME STATING THAT THE DRIVER WAS WORKING ON IT. I TOOK THIS TIME TO TEXT 900,901, AND 902 TO ADVISE THEM OF THE SITUATION. I THEN CALLED TEMA DISPATCH AND GAVE THEM A SIT REP ON WHAT HAD TAKEN PLACE AND WHERE WE WERE HEADED.

AFTER APPROXIMATELY 45 MINUTES, THE DRIVER GAVE UP ON THE OWNER OF THE COMPANY, SO I GOT HIS NAME AND NUMBER-I HAD WEMA DISPATCH CONFERENCE CALL US ON A RECORDED LINE. WHEN I SPOKE TO MR. LEWIS, I TOLD HIM THAT IT WAS IMPARATIVE FOR HIM TO CONTACT A CLEAN-UP COMPANY AND HAVE THEM CALL ME TO VERIFY THAT THEY HAD MADE AN AGREEMENT ON THE CLEAN-UP. AFTER ABOUT 20 MINUTES, I RECEIVED A CALL FROM BRIAN, WITH WEST NASHVILLE WRECK SERVICE. HE STATED THAT HE WAS TRYING TO GET A CREW TOGETHER AND RESPOND OUT TO OUR LOCATION. I ASKED IF THEY WERE GOING TO DO THE CLEAN-UP AS WELL-, THEY HAVE AN ENVIROMENTAL CLEAN COMPANY WITHIN THE WRECKER SERVICE. HE ADVISED ME THAT THEY WOULD BE TAKING CARE OF EVERYTHING.

BRANDON DODSON AND BRIAN WITH WEST NASHVILLE WRECKER SERVICE SHOWED UP AND WE REVIEWED WHAT NEEDED TO BE DONE. THEY STATED THAT THEY WOULD HANDLE IT AND THAT THEY HAD TALKED WITH MR. LEWIS ABOUT EVERYTHING. I DEPARTED AND CALLED TEMA AND GAVE THEM AN UPDATED SIT REP AND SPECIFICALLY WHO WAS DOING THE CLEAN-UP.

LEE BOWLING

COMMANDER

CONDITITIONS:

DARK, COLD, SLIGHTLY WINDY, AND DRY

A FDID <u>95741</u> ★ State <u>TN</u> ★ Incident Date <u>11</u> <u>22</u> <u>2018</u> ★ Station <u>1</u> Incident Number <u>0002925</u> ★ Exposure <u>000</u> ★		<input type="checkbox"/> Delete <input type="checkbox"/> Change NFIRS-2 Fire	
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B Property Details B1 <u> </u> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in building of origin whether or not all units became involved.</small> B2 <u> </u> <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small> B3 <u> </u> , <u> </u> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than one acre <small>Acres burned (outside fires)</small>	C On-Site Materials or Products <input type="checkbox"/> None <small>Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved.</small> <small>Enter up to three codes. Check one box for each code entered.</small> <u>811</u> Autos, trucks, buses, recreational vehicles <small>On-site material (1)</small> <u> </u> <small>On-site material (2)</small> <u> </u> <small>On-site material (3)</small>
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D Ignition D1 <u>00</u> <u>origin</u> <small>Area of fire origin</small> ★ D2 <u>11</u> <u>Spark, ember, or flame from operating equipment</u> <small>Heat source</small> ★ D3 <u>62</u> <u>Flammable liquid/gas - in/ from engine or burner</u> <small>Item first ignited</small> ★ <input type="checkbox"/> Check box if fire spread was confined to object of origin. D4 <u>10</u> <u>Flammable gas, other</u> <small>Type of material first ignited</small> <small>Required only if item first ignited code is 00 or <70.</small>	E1 Cause of Ignition ★ <input type="checkbox"/> Check box if this is an exposure report. ➔ Skip to Section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input checked="" type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing to Ignition ★ <input type="checkbox"/> None <u>20</u> Mechanical failure, malfunction, other <small>Factor contributing to ignition (1)</small> <u> </u> <small>Factor contributing to ignition (2)</small>	E3 Human Factors ★ Contributing to Ignition <small>Check all applicable boxes</small> <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor <small>Estimated age of person involved</small> <u> </u> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
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F1 Equipment Involved in Ignition <input type="checkbox"/> None ➔ If equipment was not involved, skip to Section G. <u> </u> <small>Equipment Involved</small> Brand <u> </u> Model <u> </u> Serial # <u> </u> Year <u> </u>	F2 Equipment Power Source <u> </u> <small>Equipment Power Source</small> F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <small>Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.</small>	G Fire Suppression Factors <input type="checkbox"/> None <small>Enter up to three codes.</small> <u> </u> <small>Fire suppression factor (1)</small> <u> </u> <small>Fire suppression factor (2)</small> <u> </u> <small>Fire suppression factor (3)</small>
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H1 Mobile Property Involved <input type="checkbox"/> None 1 <input checked="" type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned <u> </u> <small>Mobile property model</small> <u>CA6-OJT</u> <u>FL</u> <small>License Plate Number State VIN</small> <div style="border: 1px solid black; padding: 2px;">Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).</div>	H2 Mobile Property Type and Make <u>20</u> Freight road transport vehicle, other <small>Mobile property type</small> <u> </u> <small>Mobile property make</small> <u> </u> <small>Year</small>	Local Use <input type="checkbox"/> Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other agencies:</small> <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached <u> </u> <u> </u> <u> </u>
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A FDID <u>95741</u> <input checked="" type="checkbox"/> State <u>TN</u> <input checked="" type="checkbox"/> Incident Date <u>11</u> <u>22</u> <u>2018</u> <input checked="" type="checkbox"/> Station <u>1</u> Incident Number <u>0002925</u> <input checked="" type="checkbox"/> Exposure <u>000</u> <input checked="" type="checkbox"/> Haz No. <u>1</u> <input type="checkbox"/> Delete <input type="checkbox"/> Change NFIRS-7 HazMat							
B HazMat ID <input type="text"/> UN Number <input type="text"/> DOT Hazard Classification <input type="text"/> CAS Registration Number <input type="text"/> Chemical Name <input checked="" type="checkbox"/> SANTICIZER 278							
C1 Container Type <input type="checkbox"/> None <input type="text"/> Container Type <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> More hazardous materials? Use additional sheets. </div>	C2 Estimated Container Capacity <input type="text" value="2204"/> Capacity: by volume or weight C3 Units: Capacity Check one box <table style="width:100%;"> <tr> <td style="width:50%;"> VOLUME 11 <input type="checkbox"/> Ounces 12 <input type="checkbox"/> Gallons 13 <input type="checkbox"/> Barrels: 42 gal. 14 <input type="checkbox"/> Liters 15 <input type="checkbox"/> Cubic feet 16 <input type="checkbox"/> Cubic meters </td> <td style="width:50%;"> WEIGHT 21 <input type="checkbox"/> Ounces 22 <input type="checkbox"/> Pounds 23 <input type="checkbox"/> Grams 24 <input type="checkbox"/> Kilograms MICRO UNITS <input type="text"/> Enter Code </td> </tr> </table>	VOLUME 11 <input type="checkbox"/> Ounces 12 <input type="checkbox"/> Gallons 13 <input type="checkbox"/> Barrels: 42 gal. 14 <input type="checkbox"/> Liters 15 <input type="checkbox"/> Cubic feet 16 <input type="checkbox"/> Cubic meters	WEIGHT 21 <input type="checkbox"/> Ounces 22 <input type="checkbox"/> Pounds 23 <input type="checkbox"/> Grams 24 <input type="checkbox"/> Kilograms MICRO UNITS <input type="text"/> Enter Code	D1 Estimated Amount Released <input checked="" type="checkbox"/> <input type="text" value="1000"/> Amount released: by volume or weight D2 Units: Released Check one box <table style="width:100%;"> <tr> <td style="width:50%;"> VOLUME 11 <input type="checkbox"/> Ounces 12 <input checked="" type="checkbox"/> Gallons 13 <input type="checkbox"/> Barrels: 42 gal. 14 <input type="checkbox"/> Liters 15 <input type="checkbox"/> Cubic feet 16 <input type="checkbox"/> Cubic meters </td> <td style="width:50%;"> WEIGHT 21 <input type="checkbox"/> Ounces 22 <input type="checkbox"/> Pounds 23 <input type="checkbox"/> Grams 24 <input type="checkbox"/> Kilograms MICRO UNITS <input type="text"/> Enter Code </td> </tr> </table>	VOLUME 11 <input type="checkbox"/> Ounces 12 <input checked="" type="checkbox"/> Gallons 13 <input type="checkbox"/> Barrels: 42 gal. 14 <input type="checkbox"/> Liters 15 <input type="checkbox"/> Cubic feet 16 <input type="checkbox"/> Cubic meters	WEIGHT 21 <input type="checkbox"/> Ounces 22 <input type="checkbox"/> Pounds 23 <input type="checkbox"/> Grams 24 <input type="checkbox"/> Kilograms MICRO UNITS <input type="text"/> Enter Code	E1 Physical State When Released 1 <input type="checkbox"/> Solid 2 <input checked="" type="checkbox"/> Liquid 3 <input type="checkbox"/> Gas U <input type="checkbox"/> Undetermined E2 Released Into <input type="text"/> Released into
VOLUME 11 <input type="checkbox"/> Ounces 12 <input type="checkbox"/> Gallons 13 <input type="checkbox"/> Barrels: 42 gal. 14 <input type="checkbox"/> Liters 15 <input type="checkbox"/> Cubic feet 16 <input type="checkbox"/> Cubic meters	WEIGHT 21 <input type="checkbox"/> Ounces 22 <input type="checkbox"/> Pounds 23 <input type="checkbox"/> Grams 24 <input type="checkbox"/> Kilograms MICRO UNITS <input type="text"/> Enter Code						
VOLUME 11 <input type="checkbox"/> Ounces 12 <input checked="" type="checkbox"/> Gallons 13 <input type="checkbox"/> Barrels: 42 gal. 14 <input type="checkbox"/> Liters 15 <input type="checkbox"/> Cubic feet 16 <input type="checkbox"/> Cubic meters	WEIGHT 21 <input type="checkbox"/> Ounces 22 <input type="checkbox"/> Pounds 23 <input type="checkbox"/> Grams 24 <input type="checkbox"/> Kilograms MICRO UNITS <input type="text"/> Enter Code						
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Complete the remainder of this form only for the first hazardous material involved in this incident. </div> F1 Released From Check all applicable boxes <input type="checkbox"/> Below grade 1 <input type="checkbox"/> Inside/on structure <input type="text"/> Story of release 2 <input type="checkbox"/> Outside of structure	F2 Population Density 1 <input type="checkbox"/> Urban 2 <input type="checkbox"/> Suburban 3 <input type="checkbox"/> Rural G1 Area Affected 1 <input type="checkbox"/> Square feet 2 <input type="checkbox"/> Blocks 3 <input type="checkbox"/> Square miles <input type="text"/> Enter measurement	G2 Area Evacuated <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Square feet <input type="text"/> 2 <input type="checkbox"/> Blocks <input type="text"/> 3 <input type="checkbox"/> Square miles <input type="text"/> Enter measurement G3 Estimated Number of People Evacuated <input type="text"/> G4 Estimated Number of Buildings Evacuated <input type="text"/> <input checked="" type="checkbox"/> None	H HazMat Actions Taken Enter up to three actions taken <input type="text"/> Primary action taken (1) <input type="text"/> Additional action taken (2) <input type="text"/> Additional action taken (3) I If fire or explosion is involved with a release, which occurred first? 1 <input type="checkbox"/> Ignition U <input type="checkbox"/> Undetermined 2 <input type="checkbox"/> Release				
J Cause of Release <input checked="" type="checkbox"/> 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional release 3 <input checked="" type="checkbox"/> Container/Containment failure 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation	K Factors Contributing to Release Enter up to three contributing factors <input type="text"/> Factor contributing to release (1) <input type="text"/> Factor contributing to release (2) <input type="text"/> Factor contributing to release (3)	L Factors Affecting Mitigation <input type="checkbox"/> None Enter up to three factors or impediments that affected the mitigation of the incident. <input type="text"/> Factor or impediment (1) <input type="text"/> Factor or impediment (2) <input type="text"/> Factor or impediment (3)					
M Equipment Involved in Release <input type="checkbox"/> None <input type="text"/> Equipment involved in release Brand <input type="text"/> Model <input type="text"/> Serial # <input type="text"/> Year <input type="text"/>	N Mobile Property Involved in Release <input type="checkbox"/> None <input type="text"/> Mobile property type <input type="text"/> Mobile property make Model <input type="text"/> Year <input type="text"/> License plate number <input type="text"/> State <input type="text"/> DOT number/ ICC number <input type="text"/>	O HazMat Disposition <input checked="" type="checkbox"/> 1 <input type="checkbox"/> Completed by fire service only 2 <input type="checkbox"/> Completed w/fire service present 3 <input type="checkbox"/> Released to local agency 4 <input type="checkbox"/> Released to county agency 5 <input type="checkbox"/> Released to State agency 6 <input type="checkbox"/> Released to Federal agency 7 <input checked="" type="checkbox"/> Released to private agency 8 <input type="checkbox"/> Released to property owner or manager P HazMat Civilian Casualties Deaths <input type="text"/> Injuries <input type="text"/> <div style="text-align: right; font-size: small;"> NFIRS-7 Revision 01/01/06 </div>					

A	FDID <input type="text" value="95741"/>	State <input type="text" value="TN"/>	Incident Date <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2018"/>	Station <input type="text" value="1"/>	Incident Number <input type="text" value="0002925"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-10 Personnel
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B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small> Check if same date as Alarm date on the Basic Module (Block E1). Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="3"/>	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID <input type="text" value="E11"/> ★Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2222"/> Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2229"/> Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2341"/>	Sent <input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="74"/> <input type="text" value="76"/> <input type="text"/> <input type="text"/>

Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="5939"/>	EVAN GUIN		<input checked="" type="checkbox"/>	74	76		
<input type="text" value="0762"/>	CHAD FRESN		<input checked="" type="checkbox"/>	58	74	76	
<input type="text" value="3874"/>	KEELEY POFF		<input checked="" type="checkbox"/>	74	76		
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

2 ID <input type="text" value="700"/> ★Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2219"/> Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2229"/> Clear <input type="checkbox"/> <input type="text" value="11"/> <input type="text" value="23"/> <input type="text" value="2018"/> <input type="text" value="0202"/>	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="1"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="81"/> <input type="text" value="82"/> <input type="text" value="41"/> <input type="text"/>
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="0329"/>	LEE BOWLING		<input checked="" type="checkbox"/>	81	41	82	
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

3 ID <input type="text" value="M11"/> ★Type <input type="text" value="76"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2216"/> Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2220"/> Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2341"/>	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="2"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="92"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="562"/>	DUSTIN JONES		<input checked="" type="checkbox"/>	92	31		
<input type="text" value="9802"/>	AARON KINSER		<input checked="" type="checkbox"/>	92	31		
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

A	FDID <input type="text" value="95741"/> ★	State <input type="text" value="TN"/> ★	Incident Date MM <input type="text" value="11"/> DD <input type="text" value="22"/> YYYY <input type="text" value="2018"/> ★	Station <input type="text" value="1"/>	Incident Number <input type="text" value="0002925"/> ★	Exposure <input type="text" value="000"/> ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	ESO-1 Non-NFIRS Fields
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E₁ Additional Incident Times

PSAP Recieved	Month	Day	Year	Hour	Min	Dispatch Notified	Month	Day	Year	Hour	Min
	<input type="text" value="11"/>	<input type="text" value="22"/>	<input type="text" value="2018"/>	<input type="text" value="22"/>	<input type="text" value="16"/>		<input type="text" value="11"/>	<input type="text" value="22"/>	<input type="text" value="2018"/>	<input type="text" value="22"/>	<input type="text" value="16"/>

B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small>		
	Month Day Year Hour/Min		
<input type="text" value="5"/> ID <input type="text"/>	En Route <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2018"/> <input type="text" value="2226"/>	<input type="text" value="5"/> ID <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type <input type="text"/>	District <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2018"/> <input type="text"/>	Type <input type="text"/>	District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text" value="1"/> ID <input type="text"/>	En Route <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2018"/> <input type="text" value="2226"/>	<input type="text" value="6"/> ID <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type <input type="text"/>	District <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2018"/> <input type="text"/>	Type <input type="text"/>	District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text" value="2"/> ID <input type="text"/>	En Route <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2018"/> <input type="text" value="2219"/>	<input type="text" value="7"/> ID <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type <input type="text"/>	District <input type="text" value="11"/> <input type="text" value="23"/> <input type="text" value="2018"/> <input type="text"/>	Type <input type="text"/>	District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text" value="3"/> ID <input type="text"/>	En Route <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2018"/> <input type="text" value="2217"/>	<input type="text" value="8"/> ID <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type <input type="text"/>	District <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2018"/> <input type="text"/>	Type <input type="text"/>	District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text" value="4"/> ID <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text" value="9"/> ID <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type <input type="text"/>	District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Type <input type="text"/>	District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>